

APPLICATION FOR SITE PLAN APPROVAL

DATE: _____
DATE OF T.R.A.S. MEETING: _____
ZONE: _____
PHONE: _____
APPLICANT: _____
ADDRESS: _____

Name and address of person to whom correspondence should be directed:

OWNER: _____ PHONE: _____
ADDRESS: _____
STREET LOCATION OF PROPERTY: _____
BLOCK(S) _____ LOT(S) _____
TYPE OF CONSTRUCTION _____

Briefly describe the nature of business or use proposed:

AREA OF PROPERTY: _____

GROSS SQUARE FOOTAGE OF BUILDING: EXISTING _____
PROPOSED _____

TOTAL SQUARE FOOTAGE OF OTHER EXISTING _____

IMPERVIOUS SURFACES: PROPOSED _____

NUMBER OF PARKING SPACES PROVIDED: _____

NUMBER OF BUILDING STORIES PROPOSED: _____

AVAILABILITY & LOCATION OF PUBLIC WATER: _____

AVAILABILITY & LOCATION OF PUBLIC SEWER: _____

IS THIS APPLICATION ACCOMPANIED BY ANOTHER
APPLICATION FOR DEVELOPMENT (VARIANCE,
SUBDIVISION, CONDITIONAL USE): _____

If yes, state nature of other application: _____

OWNERS NAME _____

APPLICANTS NAME _____

OWNERS SIGNATURE _____

APPLICANTS SIGNATURE _____